

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
(877) 833-0870; Fax: (517) 373-4147

**IN THE MATTER OF:**

Docket No. 2013-60013 PA

██████████

██████████

██████████

Appellant

\_\_\_\_\_ /

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. The Appellant appeared without representation. ██████████ Appeals Review Officer, represented the Department. ██████████, Dental Hygienist and Departmental Analyst appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Appellant's request for Prior Authorization (PA) of a complete upper denture?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Appellant is a ██████-year-old Medicaid beneficiary, born ██████████ (Exhibit A, pp. 5, 7 and testimony).
2. The Appellant's dentist (██████████ ██████████ ██████████ ██████████) sought approval for a complete upper denture and a lower partial denture on ██████████ (Exhibit A, pp. 2, 5, 7).
3. On ██████████ the Department sent written notice to Appellant stating that Appellant's Prior Authorization request for a lower partial denture was being denied because partial dentures are authorized if there are less than eight posterior teeth in occlusion. Appellant was advised of his appeal rights. (Exhibit A, pp. 6-7).

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4. On [REDACTED] the Michigan Administrative Hearing System (MAHS) received the instant request for hearing brought by the Appellant. (Exhibit A, p. 4).

**CONCLUSIONS OF LAW**

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). With respect to prior authorization requests, the MPM states:

**SECTION 2 – PRIOR AUTHORIZATION**

Prior authorization (PA) must be obtained for certain services identified in this chapter and those dental services identified as requiring PA in the MDCH Dental Database posted on the MDCH website. (Refer to the Directory Appendix for website information.) A PA request is needed only for those services requiring PA.

\* \* \*

**2.2 COMPLETION INSTRUCTIONS**

The Dental Prior Approval Authorization Request form (MSA-1680-B) is used to obtain authorization. (Refer to the Forms Appendix for instructions for completing the form.) When requesting authorization for certain procedures, dentists may be required to send specific additional information and materials. Based on the MSA-1680-B and the documentation attached, staff approves or disapproves the request and returns a copy to the dentist. Approved requests are assigned a PA number. For billing purposes, the PA number must be entered in the appropriate field on the claim form. An electronic copy of the MSA-1680-B is available on the MDCH website. (Refer to the Directory Appendix for website information.) [*Medicaid Provider Manual, Dental Chapter, July 1, 2013, Section 2, p. 3*].

In this case, the Department's witness identified the reason why Appellant's request for a partial denture was denied. For the reasons discussed below, this Administrative Law Judge finds that the Department's decision should be sustained.

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The *Medicaid Provider Manual, Dental Chapter, Section 6.6 Prosthodontics*, October 1, 2012, covers the available Medicaid benefits for complete and partial dentures. This section states in part:

**6.6.A. GENERAL INSTRUCTIONS**

Complete and partial dentures are benefits for all beneficiaries. All dentures require PA. Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the prosthesis requested. An upper partial denture PA request must also include the prognosis of six sound teeth.

Complete or partial dentures are authorized:

- If there is one or more anterior teeth missing;
- If there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth); or
- Where an existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) procedures. If a partial denture can be made serviceable, the dentist should provide the needed restorations to maintain use of the existing partial, extract teeth, add teeth to an existing partial, and remove hyperplastic tissue. [*Medicaid Provider Manual, Dental Chapter, §6.6A, July 1, 2013, p. 17*].

The Department's witness ██████████ a Department Analyst stated Appellant's Prior Authorization request was for a complete upper denture and a lower partial denture. ██████████ stated Appellant's Prior Authorization request for an upper complete denture was approved but the request for a lower partial denture was denied.

██████████ referred to the tooth charting in section 22 of the Dental Prior Approval Authorization Request completed by the provider dentist. ██████████ stated the charting shows that the Appellant would have eight posterior teeth in occlusion with the placement of the upper complete denture. ██████████ stated according to the Medicaid policy quoted above, complete or partial dentures are authorized only when there are less than eight posterior teeth in occlusion. ██████████ stated that Appellant did not qualify under Medicaid policy for the lower partial denture once the upper complete denture was approved.

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On cross examination, [REDACTED] acknowledged that the Appellant's dentist was going to pull two molars, numbers 30 and 31, but his premolars are still considered posterior teeth, and even with the molars being pulled, Appellant would still have eight posterior teeth in occlusion with the placement of the upper complete denture. [REDACTED] stated that Appellant did not qualify under Medicaid policy for the partial denture, but if he loses additional teeth he might qualify for the lower partial denture.

Appellant testified it has been a long time since he has had any [REDACTED] or something to chew on. He stated he had not been able to talk to a live person about this matter. He just wanted to talk with someone to find out why he can't have the lower partial.

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying his Prior Authorization request. Here, Appellant has failed to meet that burden. As described above, the Department's representative properly identified the reason why Appellant's request was denied and this reason establishes a sufficient basis for the denial in this case. Accordingly, the Department's decision must be affirmed.

On review, the Department's decision to deny the request for a lower partial denture was reached within policy.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for PA of a lower partial denture.

**IT IS THEREFORE ORDERED** that:

The Department's decision is **AFFIRMED**.

*William D Bond*

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William D. Bond  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/db

cc: [REDACTED]

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**\*\*\* NOTICE \*\*\***

The Michigan Administrative Hearing System may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The Michigan Administrative Hearing System will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.